

**Personnel Development Seminars (PDS)
Applied Business Series (ABS)**

(PLEASE PRINT)

Name: _____ SS #: _____
Last First MI

Agency: _____ Classification: _____

Work Location: _____ Work Phone: _____

E-Mail Address: _____

FOR NON-STATE EMPLOYEES, PLEASE PROVIDE BILLING INFORMATION:

Non-State Agency/Organization: _____

Contact: _____ Phone #: _____

Address: _____ City/Zip: _____

Completion of the PDS Applied Business Series (ABS) Certificate requires the eight courses below. Participants have three years from the enrollment confirmation date to complete the program. Courses taken within six months prior to the enrollment confirmation date can be counted toward completion of the certificate.

Record Of Completion

All Mandatory

Core Courses

Course #

Date Taken

Building a High-Performing Workplace	GI 302	_____
Business Writing Workshop	GI 134	_____
Customer Service	QM 002	_____
Fast Track to Business Concepts	GI 159	_____
Grant Seeking	GI 200	_____
Grant Writing	GI 091	_____
Project Management	PT 103	_____
Services Contracting	GI 146	_____

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

Employee *Date* *Department Director* *Date*

Supervisor *Date* *Training Liaison (state employee only)* *Date*

For PDS Use Only:

<i>Date Applied</i> _____	<i>Date Confirmed</i> _____	<i>Completion Date By</i> _____
<i>Letter Sent</i> _____		<i>Certificate Sent</i> _____